

A CONTRIBUTION TO THE STUDY OF FLAT FOOT.¹

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I AM indebted to Dr. R. Abbe of this city for a suggestion which he carried out during the last winter and spring. He remarked to me one day, while passing through the hospital, that he had recently relieved two cases of painful flat-foot by operating for ingrowing nail on the same foot. Since presenting my paper at the Boston meeting, Dr. Abbe has kindly furnished me with the notes of the cases which led to his enthusiastic remark. With his permission, therefore, I take pleasure in adding them to my own.

Shortly after his conversation with me, it happened that, on May 12, a patient, a gentleman from San Francisco, æt. 27 years, who had come to me in the early part of the present year for painful flat-foot, (referred by my friend, Dr. Harry Sherman, of San Francisco), came into my office complaining of a failure during the spring to get the relief which we had both confidently expected. This gentleman had been suffering for 2½ years with an annoying pain in the sole of his foot, which pain he thinks followed an attack of subacute rheumatism. I found on examination, January 30, a point of tenderness over the scaphoid near its junction with the first meta-tarsal. I had no difficulty in restoring the arch of the foot by manual force, and he felt some relief. He had worn, however, various kinds of steel springs, and had had massage employed, and various operations suggested, etc. I had his shoe built up after the plan

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of Mr. Thomas, of Liverpool, and prescribed faradism for the posterior tibial group of muscles. This was well carried out, and he for a time got relief. He did not get entire relief, however, and I had him see Dr. Jacobi on April 2, with regard to the existence of any rheumatic element. Dr. Jacobi wrote me as follows:

"He has a periostitis of the lower face of his first (and second) meta-tarsal bones." He saw one or two distinguished surgeons in the city, one of whom suggested an exploratory operation on the bone. It so happened, then, that a few days after Dr. Abbe's suggestion, this gentleman came into my office. He came in one evening in great distress, complaining that his foot was no better and that an ingrowing nail on the same foot, great toe, was giving him much annoyance. I found the toe very much inflamed, and also learned that he had had this ingrowing nail for two or three years. The following are my notes:

May 14.—Under ether the offending portion of the nail was removed, the exuberant granulations were removed also, and the toe dressed antiseptically.

May 23.—Wound has about healed, pain is very much relieved, and he starts to-day for California.

Sept. 12.—A friend reports that she has recently heard from him, and he says he has not had an ache or pain since he left for San Francisco.

Dr. Abbe's cases are as follows:

CASE I.—One year ago, a lady was referred to me for relief of intractable plantar pain on one foot, that had resisted treatment at the hands of her physician. I thought the arch of her foot slightly depressed, and numerous plantar pressure diagrams showed the paper tracing broader than that of the opposite foot. My sole belief was for some weeks that she had beginning flat-foot and corresponding pain. I had her shoe built up after the suggestion of Bernard Roth, and carried out systematic massage after his principles—but without benefit.

One day I noticed her great toe-nail was buried deeply into the flesh, without, however, either inflammation or granulation.

I advised her to let me do Cotting's operation, which I universally resort to under cocaine for ingrowing nail. She consented, and had the pleasure of being relieved at once of her neuralgic foot, and of being able to walk half a mile at a time without pain, whereas before operation to walk half a square would give her the greatest plantar pain.

After three or four months some of her old pain came on again, and I found the cicatrix under the nail tender to pressure. This has since been entirely relieved, and she has proven her recovery by long and painless tramps during the past summer.

CASE II.—During the last winter a heavily built German woman was sent to me with pronounced flat-foot of several years' development, but with plantar pain of a few months' duration. I at once noticed a well developed case of ingrowing toe-nail, and she consented to Cotting's operation. She lived away from the city, and I was only able to keep her under my eye for a week. During that time, however, I let her walk about her house, and she was entirely free from the plantar pain. I am unable to report of her case since then.